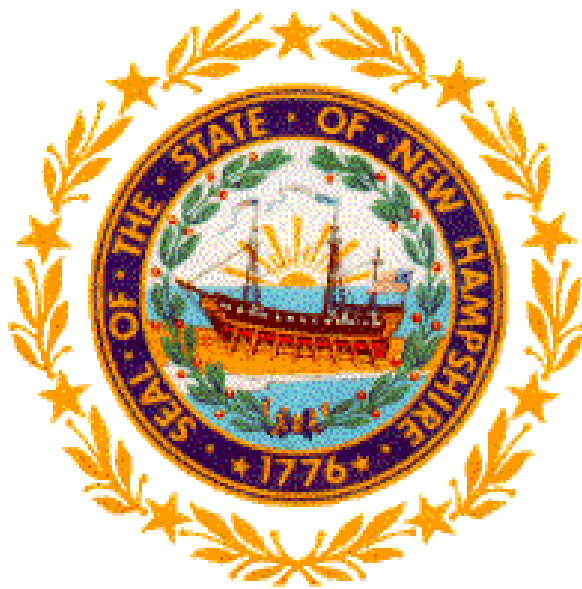


**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
BUREAU OF BEHAVIORAL HEALTH**

**COMMUNITY MENTAL HEALTH PROGRAM
REAPPROVAL REPORT**



**BEHAVIORAL HEALTH & DEVELOPMENTAL
SERVICES OF STRAFFORD COUNTY, INC.
DBA
COMMUNITY PARTNER OF STRAFFORD COUNTY**

JULY 31, 2012

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
BUREAU OF BEHAVIORAL HEALTH

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
BUREAU OF BEHAVIORAL HEALTH

ACRONYMS AND DEFINITIONS

Acronyms

Definitions

BBH	Bureau of Behavioral Health
BOD	Board of Directors
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CMHP	Community Mental Health Program
CSP	Community Support Program
DCBCS	Division of Community Based Care Services
DHHS	Department of Health and Human Services
EBP	Evidence Based Practice
ED	Executive Director
ES	Emergency Service
FSS	Functional Support Services
GOI	General Organizational Index
GSIL	Granite State Independent Living
IOD	Institute on Disability
IMR	Illness Management and Recovery
ISP	Individual Service Plan
IT	Information Technology
MOU	Memorandum of Understanding
NAMI-NH	National Alliance for the Mentally Ill - NH
NHH	New Hampshire Hospital
NHVR	New Hampshire Vocational Rehabilitation
PRC	Dartmouth Psychiatric Research Center
OCFA	Office of Consumer and Family Affairs
OCLS	Office of Client and Legal Services
OIII	Office of Improvement, Integrity and Information
PSA	Peer Support Agency
QI	Quality Improvement
REAP	Referral, Education, Assistance and Prevention
SFY	State Fiscal Year
SURS	Surveillance Utilization Review Subsystems
SE	Supported Employment
TCM	Targeted Case Management Services
UNH	University of New Hampshire

EXECUTIVE SUMMARY

In accordance with State of New Hampshire Administrative Rule He-403 Approval and Reapproval of Community Mental Health Programs, reviews of community mental health programs (CMHP) occur upon application and thereafter every five years. The purpose of He-403 is to define the criteria and procedures for approval and operation of community mental health programs. A reapproval review of Behavioral Health & Developmental Services of Strafford County, Inc. DBA Community Partners of Strafford County of Strafford County in Dover, NH occurred on February 24, 2012, and included a Board of Directors (BOD) Meeting on March 28, 2011. The review team included staffs from the Bureau of Behavioral Health (BBH) and the Department of Health and Human Services (DHHS).

Community Partners of Strafford County of Strafford County submitted an application for reapproval as a CMHP that included:

- A letter requesting reapproval;
- A description of all programs and services operated and their locations;
- The current strategic plan;
- A comprehensive listing of critical unmet service needs within the region;
- Assurances of compliance with applicable federal and state laws and rules
- The Mission Statement of the organization;
- A current Board of Director list with terms of office and the towns represented;
- The By-Laws;
- The BOD meeting minutes for Calendar year 2010 through the date of the review;
- The current organizational chart;
- Various job descriptions;
- The current Quality Improvement Plan; and
- The current Disaster Response Plan.

Additional sources of information prior to the site visit included:

- The New Hampshire Public Mental Health Consumer Survey Project (2011);
- Evidence Based Practice (EBP) Fidelity Reviews for Illness Management and Recovery (IMR) and Supported Employment (SE);
- BBH QI and Compliance Reports Five Year Trends;
- BBH Community Mental Health System Annual Report of Financial Condition for Fiscal Year 2011 with Five Year Financial Trend Analysis;
- A Public Notice published in local newspapers soliciting feedback regard the CMHP;
- A letter to Community Partners of Strafford County constituents soliciting feedback regarding the CMHP; and
- Staff surveys soliciting information from Community Partners of Strafford County staff regarding training, supervision, services and CMHP operations.

The site visit to Community Partners of Strafford County included:

- Review of additional documentation including: orientation materials for new BOD members; the Policy and Procedure Manual; Interagency Agreements and Memoranda of Understanding (MOU); a sample of personnel files;

- Interviews with the BOD, the CMHP Management Team, the Chief Financial Officer (CFO), and Human Resources Director.

The findings from the review are detailed in the following focus areas: Governance; Services and Programs; Human Resources; Policy; Financial; Quality Improvement and Compliance; and Consumer and Family Satisfaction. The structure of the reports includes: the Administrative Rule Requirement; team observations; team recommendations; and a text area for the CMHP response.

The following is a summary of the recommendations included in the report:

- A waiver to He-M 403.03 (b) (2) must be requested from BBH regarding BOD membership;
- An annual evaluation of the CEO by the BOD must be conducted, kept on file, and made available for review during reapproval reviews;
- The procedure for the development and approval of agency policies must be clarified;
- It is recommended that Community Partners of Strafford County examine all cost centers to determine if additional efficiencies can be made to decrease the overall deficit of the agency;
- The agency is to be commended for its continued development of an electronic medical record (EMR);
- The agency is encouraged to continue to explore ways to serve ethnic, cultural, sexual, and other minority populations in the region as demographics change;
- The agency is encouraged to continue to build upon the improving relationship with the local peer support agency; and
- The agency is encouraged to share external review information, such as this report, other QI reviews, and UNH Surveys with the BOD.

PURPOSE, SCOPE AND METHODOLOGY

Staff from the NH DHHS, BBH conducted an on-site review of Community Partners of Strafford County of Strafford County on February 24, 2012 and included a Board of Directors (BOD) Meeting on February 28, 2011. The review was conducted as part of a comprehensive reapproval process that occurs every five years in accordance with Administrative Rule He-M 403.

A brief meeting was held to introduce the team members and discuss the scope and purpose of the review. In an effort to reduce the administrative demands on agencies, the annual QI and Compliance Review was conducted during the reapproval visit. Please note that the results of the QI and Compliance Review are not fully included in this document and have been sent as a separate report. Two structured interviews were conducted as part of the site visit, one with the Management Team and another with the Board of Directors.

A brief exit meeting was conducted on February 24, 2012 and was open to all staff. Preliminary findings were reviewed and discussed at that time.

Prior to the visit, members of the team reviewed the following documents: (Available at BBH)

- Letter of application from Community Partners of Strafford County of Strafford County requesting reapproval as a community mental health center;
- Critical unmet service needs within the region;
- Assurances of compliance with applicable federal and state laws and rules;
- Description of all programs and services operated and their locations;
- Current strategic plan;
- Mission Statement of the organization;
- Current Board of Director list with terms of office and the towns represented;
- Board of Director By-Laws;
- Board of Director meeting minutes for calendar year 2010 through the review dates;
- Current organizational chart;
- Job descriptions for Chief Executive Officer, Medical Director, Children's Coordinator Older Adults Coordinator, and Case Manager;
- Current Quality Improvement Plan;
- Current Disaster Response Plan;
- The Community Partners of Strafford County of Strafford County contract with BBH;
- Results of SFY 2010 Adult and Child QI and Compliance Review;
- The findings of the previous reapproval report;
- Fiscal manual;
- Billing manual;
- Detailed aged accounts receivable listings for SFY 2009 and SFY 2010; and
- Job Descriptions for all accounting and billing staff.

The onsite review at Community Partners of Strafford County included an examination of the following:

- Board of Director policies;
- Orientation materials for new Board of Director members;
- Board of Director approved Policy and Procedure Manual;

- MOUs or Interagency Agreements including those with but not limited to:
 - Peer Support Agencies;
 - Housing Authorities;
 - Homeless Shelters;
 - Substance Use Disorder Programs;
 - Vocational Rehabilitation;
 - Division of Children, Youth and Families;
 - Adult and children's Criminal Justice organizations; and
 - NAMI-NH.
- Policies and procedures for:
 - Clients Rights; and
 - Complaint Process/Investigations.
- Management Team Minutes for calendar year 2010;
- Several personnel files including those for:
 - Chief Executive Officer; and
 - Medical Director.

A Public Notice of the CMHP's application for Reapproval was published in local newspapers distributed in the region in an effort to solicit comments from the communities served. In addition, BBH sent letters soliciting feedback from agencies within the region with which Community Partners of Strafford County conducts business.

Employee surveys were sent to Community Partners of Strafford County staff during the review process soliciting anonymous feedback regarding various issues relevant to employee satisfaction. The results are summarized in this report.

Information was gathered from a variety of additional sources from different times within the previous approval period. Observations and recommendations are based on the information published at that time. Sources of information include:

- The New Hampshire Public Mental Health Consumer Survey Project (January 2011);
- EBP Reviews for IMR and SE;
- BBH QI and Compliance Reports Five Year Trends; and
- BBH Community Mental Health System Annual Report of Financial Condition for Fiscal Year 2011 with Five Year Financial Trend Analysis.

The findings from the review are detailed in the following focus areas: Governance; Services and Programs; Human Resources; Policy; Financial; Quality Improvement and Compliance; and Consumer and Family Satisfaction. The structure of the reports includes the Administrative Rule Requirement, team observations, team recommendations, and a text area for the CMHP response.

AGENCY OVERVIEW

The Community Partners of Strafford County is a non-profit community mental health and developmental services organization serving the people and communities of Strafford County.

The Community Partners of Strafford County mission statement is:

“Our mission is to promote respect, wellness, full inclusion, and empowerment of individuals and their families who experience mental illness, emotional distress, developmental disability, chronic health need, or acquired brain disorder.

By identifying and creating opportunities for people, in close collaboration with a network of local agencies, we will promote independence and interdependence and help the people we serve to realize their maximum potential. We are committed to educate the community at large about our mission.

The agency will provide staff with opportunities for professional growth so they may contribute to the overall achievement of the agency’s mission.”

Community Partners of Strafford County provides a comprehensive array of evidenced based, community mental health services for children, adults, and older adults. These services include: intake assessment services; psychiatric diagnostic and medication services; psychiatric emergency services; case management services; individual, group and family psychotherapy; evidenced based practices including SE and IMR; services for persons with co-occurring disorders; functional support services; residential services; respite care; outreach services; education and support to families; and consultation services.

The towns served by Community Partners of Strafford County include:

Barrington
Dover
Durham
Farmington

Lee
Madbury
Middleton

Milton
New Durham
Rochester

Rolinsford
Somersworth
Strafford

Community Partners of Strafford County has a website (<http://www.communitypartnersnh.org/>) which includes information on service programs, consumer and family information, continuing education, mental wellness resources, fundraising, web links, and other resources.

SECTION I: GOVERNANCE

Administrative Rule He-M 403.06 defines a CMHP as an incorporated nonprofit program operated for the purpose of planning, establishing, and administering an array of community-based mental health services.

This administrative rule requires that a CMHP shall have an established plan for governance. The plan for governance shall include a BOD who have responsibility for the entire management and control of the property and affairs of the corporation. The BOD shall have the powers usually vested in a BOD of a nonprofit corporation. The responsibilities and powers shall be stated in a set of by-laws maintained by the BOD.

A CMHP BOD shall establish policies for the governance and administration of the CMHP. Policies shall be developed to ensure efficient and effective operation of the CMHP, and adherence to all state and federal requirements.

Each BOD shall establish and document an orientation process for educating new board members. The orientation shall include information regarding the regional and state mental health system, the principles of recovery and family support, and the fiduciary responsibilities of board membership.

At the time of the review, Community Partners of Strafford County was in substantial compliance with all the requirements referenced above.

REQUIREMENT: He-M 403.03 (b) (2) A CMHP Board of Directors shall ensure that no more than 20% of the board members shall have served for more than six (6) years;

OBSERVATION I-A:

The BOD list provided at the time of the application indicated that 75% of the current members has been on the BOD for more than six years. The BOD Assurance Checklist provided by the BOD Chair, indicates that a waiver request to this requirement has been submitted to BBH. There is no record of this waiver having been requested at BBH.

RECOMMENDATIONS I-A:

It is recommended that Community Partners of Strafford County request a waiver to He-M 403.03 (b) (2) from BBH. It is recommended that Community Partners of Strafford County consider recruiting additional new BOD members to help improve the compliance rating in this area.

CMHP RESPONSE I-A:

REQUIREMENT: He-M 403.05 (e) A CMHP Board of Directors shall establish policies for the governance and administration of the CMHP and all services through contracts with the CMHP. Policies shall be developed to ensure efficient and effective operation of the CMHP-administered service delivery system and adherence to requirements of federal funding sources and rules and contracts established by the department.

OBSERVATIONS I-B:

The procedure for the review and approval of agency policies is unclear. Though procedures for the approval of policies are apparent, there is a no specific policy regarding “Policy Development” including designating the responsibility for approval of all policies.

The clinical policies provided to BBH in the application for reapproval include staff name/date lines for both the Chief Operating Officer and Quality Improvement staff as indication of agency approval. There is also a section on each policy header for “Policy Development Process”.

Some clinical policies include the designated staff names (typed) and dates of approval. Some also include a statement in the “Policy Development Process” section stating “This policy has been reviewed by the Quality Improvement Committee”.

Some policies, such as “Electronic Progress Notes”, included only one (1) of the two (2) required signatures and no dates.

Some policies, such as “Determining Eligibility for State Funded Community Mental Health Services for Adults and Elders”, include the statement: “The policy and procedures will be reviewed by the Quality Improvement Committee”.

It was noted that agency business and financial do not include indication of any approval process.

RECOMMENDATIONS I-B:

It is recommended that a policy be adopted regarding the development and approval process for all agency policies. This should include whom the BOD has designated as responsible for approval of agency policies.

It is recommended that all policies be reviewed, approved and dated, and the policy manual updated.

CMHP RESPONSES I-B:

REQUIREMENT: He-M 403.05 (h) (3) The Senior Executive Officer shall be evaluated annually by the CMHP Board of Directors/Advisory Board to ensure that services are provided in accordance with the performance expectations approved by the BOD, based on the Department’s rules and contract provisions.

OBSERVATION I-C:

The most recent evaluation for the CEO made available at the time of the review was dated June 2008.

RECOMMENDATION I-C:

A copy of the current annual evaluation for all staff, including the CEO, must be kept in the personnel files.

CMHP RESPONSE I-C:

REQUIREMENT: He-M 403.03 (b) (1) A CMHP Board of Directors shall have responsibility for the entire management and control of the property and affairs of the corporation and shall have the powers usually vested in the Board of Directors of a nonprofit corporation, except as regulated herein, and such responsibility and powers shall be stated in a set of bylaws maintained by the CMHP Board;

He-M 403.06 (a) and (a) (7) A CMHP shall provide the following, either directly, or through a contractual relationship: Planning, coordination, and implementation of a regional mental health disaster response plan.

OBSERVATION I-D:

The Disaster Response Plan included no signatures indicating review and approval.

RECOMMENDATION I-D:

The Disaster Response Plan be reviewed and approved by the BOD or their designee.

CMHP RESPONSE I-D:

REQUIREMENT: He-M 40305 (f) and (f) (2) Each Board of Directors shall establish and document an Orientation Process for educating new Board Members regarding the principles of Recovery and Family Support.

OBSERVATION I-E:

The principles of recovery and family support as it relates to consumers of community mental health services appear to be informally addressed in BOD orientation.

RECOMMENDATIONS I-E:

Continue to explore ways of incorporating to the principles of recovery and family support into the BOD orientation and ongoing training. Documentation of this training should be kept on file at the agency.

CMHP RESPONSE I-E:

SECTION II: SERVICES AND PROGRAMS

Administrative Rule He-M 403.06 (a) through (f) requires that a CMHP provide a comprehensive array of community based mental health services. The priority populations include children, adults, and older adults meeting BBH eligibility criteria per Administrative Rule He-M 401.

BBH has prioritized EBPs, specifically IMR and SE. CMHPs are also required to offer Targeted Case Management to the BBH eligible population. These requirements are specified in Administrative Rule He-M 426.

Emergency mental health services and intake services are required to be available to the general population. Emergency mental health services are also required to be available 24 hours a day, seven days a week. These requirements are specified in Administrative Rule He-M 403.

The CMHP must provide outreach services to people who are homeless. The CMHP must also collaborate with state and local housing agencies to promote access to housing for persons with mental illness.

Assessment, service planning, and monitoring activities are required for all services per Administrative Rules He-M 401 and He-M 408.

Each CMHP is required to have a Disaster Response Plan on file at BBH per Administrative Rule He-M 403.

At the time of the review, Community Partners of Strafford County was in substantial compliance with all the requirements referenced above.

REQUIREMENTS:

He-M 403.05 (d) (3) Enhance the capacity of consumers to manage the symptoms of their mental illness and to foster the process of recovery to the greatest extent possible;

He-M 403.06 (a) (15) A CMHP shall provide the following, either directly or through a contractual relationship: Mental illness self-management and Rehabilitation Services (IROS) pursuant to He-M 426, including those services provided in community settings such as residences and places of employment;

ADDITIONAL INFORMATION SOURCE:

Included below are excerpts of summary information from the most recent Community Partners of Strafford County IMR Fidelity Report based upon the most recent review conducted on June 23rd and June 24th, 2008.

Assessment of the General Organizational Index (GOI) at Community Partners of Strafford County included the following summary observations.

“An overall rating of “53” is made. This is an average score of “3.79” per item. The Center earned an overall rating of “55”, with an average score of “3.92” per item during the previous assessment.

The Center, overall, has continued to provide a consistent service despite the challenges facing Centers. There are some areas in which the Center improved upon, and a few in which scores went down somewhat. There will be some suggestions and comments for the Center to consider in the ongoing efforts to sustain and offer this, and other, EBPs.

G3, “Penetration” continues to be an area in which Centers struggle. The older adult population is an area that has recently been identified as potential “targets” for IMR participation. A group was recently established that was widely popular with the consumers who met with the Team. This population, while not technically part of the “evidence” of Evidence-Based Practices, will nonetheless benefit from participation and assist with crossover training of staff. The Team did hear a few comments made by staff that was a bit of a concern. Consumers can participate in IMR as frequently as needed, provided each “admission” into the service is reflected on the treatment plan and is part of obtaining a specific goal for each admission. For instance, “Sally” may engage in IMR initially to learn more about a diagnosis of Schizophrenia and complete the entire program. She may then, months or years later, have some symptoms that interfere with her ability to socialize manage her symptoms via use of a support network. A “re-admission” to IMR, with the goal being to improve and develop socialization skills to assist in the development of a support network to better manage her symptoms, would be entirely appropriate. Re-admissions may not “help” with the rating for “penetration “ per se (“at least one session of IMR between one period of time to another” is the current anchor for this item), but does reflect appropriate treatment and service provision.

G7, “Training,” reflects a lower score that is a reflection of the adoption of the rule allowing for billing for provision of IMR (HeM 426), rather than a decrease in “performance” by the Center. Previously, due to uncertainty over budgets and contracts for “technical assistance” and training for IMR, the assessment for this item was based upon the efforts Centers made to train staff. The Bureau was not in a position to be able to mandate standardized training that met the “letter of the Fidelity law”, which explicitly states, “All new practitioners receive standardized training in the EBP (at least a 2-day workshop or its equivalent) with 2 months of hiring. Existing practitioners receive annual refresher training (at least 1-day workshop or is equivalent)”. The Bureau has since, in response to the rule change requirements, provided all Centers with a “Train the Trainer” curriculum model to sustain training for staff within the Centers regardless of any future, additional, trainings provided by the Bureau. The Team asked for, and promptly received, information as to the number of staff who met the above-listed “training” criteria and derived the percentage from the information provided.

G8, “Supervision” is an area that has remained constant. Weekly supervision, as shared in the previous report, would increase the ratings for both “G8” and “G13”.

G10, “Outcome Monitoring” is an area that will improve once the Center develops a mechanism for “reading” the data and how to best disseminate it. Regular feedback for any endeavor helps to ensure that the “data mining” continues. Practitioners knowing the result of the their efforts in survey participation will be more likely to voluntarily engage in this rather than procrastinate. Consumers, too, will be more invested as a result if they are given the results of the data.

G11, “Quality Assurance (QA)” is another area that went down in its score. The Team was under the impression that the fidelity report was looked at before, during and after the assessment process, but that little was done on an on-going basis to improve or otherwise sustain the practice. The Board was briefed via a written report, but was not given regular updates as to how implementation efforts were proceeding.

Assessment of the fidelity to the Illness Management and Recovery (IMR) practice included the following summary observations:

“An overall score of “49” is made. This is an average score of “3.77” per item. The Center earned an overall score of “56” and an average score of “4.3” per item during the previous assessment.

Suggestions and feedback will be offered as a means to regain some of the ground lost during the period between assessments.

F2, “Program Length” is an area that reflects a number of “real life” issues facing consumers and Centers. IMR is, by and large (with the exception of the previously mentioned “mental health court” consumers) a voluntary service; consumers may elect to withdraw from participation long before reaching the “anchor” mark of the fidelity scale. The Center is wise to explore reasons and concerns around decisions to withdraw prior to completion and to continue to offer the service should the consumer change his or her mind. There may also be a number of other, valid, reasons for withdrawing early; issues around physical health were previously identified, as well as other “life events” that may preclude on-going participation. Finally, the nature of random chart selection could very well mean that charts of consumers who participated longer in IMR were simply not chosen by the Team for review. The Center’s ability to offer both group and individual modalities for the service ensures that whichever one is felt by the consumer to best meet his/her needs is available.

F4, “Provision of Educational Handouts” may be a reflection of a documentation issue, a “hording” issue and/or a need to remind practitioners to use Educational Handouts in the provision of IMR. The Team frequently found the “slot” on the IMR progress note, which highlights Educational Handout use, was blank. There also appeared to be some staff that used outdated forms. These older forms did not have a specific spot to record the use of handouts.

F5, “Involvement of Significant Others” shows an improvement in scoring for which the Center is congratulated. Significant other involvement, no matter how a “significant other” is “defined” is a struggle Centers, organizations and practitioners struggle with nationwide. The Center has demonstrated creative use and efforts to engage significant others.

F13, “Behavioral Tailoring for Medication” is another area that reflects a common struggle within Centers across the state. This strategy is very specific for use with consumers who desire to take medication, but for whom there are issues that preclude the consumer remembering to take medication as prescribed. There are many consumers who either do not wish to take medication, or for whom remembering to take medication is not an area in which they struggle. The use of this strategy would not be appropriate to offer to these consumers. Knowledge of this strategy, however, is beneficial for all practitioners, regardless of the frequency of use. There may be one consumer, for whom this strategy helps to ensure medication compliance, and therefore potentially have a more stable, fulfilling life. There are some Centers that have used periodic documentation to support why this particular strategy is not appropriate for the consumer. “John regularly takes his medication and does not have a need to use the strategy of Behavioral Tailoring of Medication”, is an example. If a consumer were not taking medication that he/she has expressed a desire to take, and yet was reporting regular, accurate use of said medication, changes in behaviors and/or thinking would become apparent. The practitioner could then engage in problem solving to develop a mechanism to incorporate the regular taking of medication with a day-to-day activity in which the consumer engages. This would be an appropriate use of this strategy.

A few areas of this report reflect documentation issues for staff to be more cognizant, careful and thorough. Fidelity assessments are not “documentation assessments”, per se. Documentation is, nonetheless, one of the frequently used decision “legs” (interviews with staff and consumers are the other “legs”) and the “leg” with the most potential if audits other than fidelity assessments were to occur.

It would appear that the combined issues of some relatively new staff, the use of older, outdated forms and some confusion over which types of services were being provided contributed to some of the lowering in scores for this assessment. That being said, the Center is still commended for the efforts put forth in continuing to offer the service and in meeting both consumer and “significant other” needs. The documentation issues identified are somewhat readily addressed with “refresher” training and perhaps a “form amnesty” day to purge desks of older forms.

The Center is also commended for the efforts involved in scheduling the assessment opportunities given the numerous system transition issues occurring in the state at the time of the assessment.”

RECOMMENDATION II-A:

It is recommended that program monitoring information be shared with the BOD.

CMHP RESPONSE II-A:

REQUIREMENTS:

He-M 403.06 (a) (5) a. Provide supports and opportunities for consumers to succeed at competitive employment, higher education and community volunteer activities;

He-M 403.06 (a) (5) b. 1-3. Vocational Assessment and Service Planning; competitive employment and supported work placements; and employment counseling and supervision:

ADDITIONAL INFORMATION SOURCE:

Included below are excerpts of summary information from the most recent Community Partners of Strafford County Supported Employment Fidelity Report based upon the review conducted by the Dartmouth Psychiatric Research Center on June 25-26, 2009.

“Community Partners of Strafford County (CP) has a well-established employment program with an extensive history of providing vocational services to people with both psychiatric and developmental disabilities. The agency has continued to develop and enhance their SE program since their initial fidelity review in 2008. In the last year, the SE program has phased out a sheltered workshop that had been used in previous years as a step in the employment process. Additionally, some pieces of the vocational service documentation are now included in the medical chart in an “employment” section. These program enhancements have occurred despite several challenges that the agency has faced over the last year.

The SE Program at CP has a number of the components of the SE model in place. The program is strong in staffing and many of the service-related items included in the fidelity scale. The SE Team Leader and Employment Specialists (ESs) have worked to develop a community presence as ‘Advance Employment Services’. Leadership at CP has managed to ensure that ESs have time for the purpose of

business development through attendance at community gatherings (e.g., Chamber of Commerce meetings, employment fairs, etc.) and individual meetings with employers in the area. Recent staff development activities including attending training in job development and peer-based mentoring in the field have helped to bolster ES confidence and competence in the area of job development. The SE Team Leader and the EBP Coordinator have worked to cultivate the program using a number of strategies. The SE Team Leader has worked to maintain a strong relationship with the local VR office in Portsmouth, which contracts with CP as a Certified Rehabilitation Provider (CRP).

In the upcoming year, it will be important for leadership at CP to ensure that current program gains are maintained and expanded. It will be beneficial to consumers in the SE program for the agency leadership at CP to continue working towards enhancing the organizational components of SE (e.g., integration, supervisor role, executive team support, etc.) as well as some specific service-based elements (e.g., work incentive planning, outreach, on-going assessment). The SE Team is a strong unit with the capacity to continue to both refine services and promote the program. However, it will be important to ensure that the struggle to balance the multiple responsibilities of the ES role (i.e., SE provider, VR vendor, and Vocational Service Worker for DD population) do not lead them to be overextended. Similarly, the SE Team Leader must have sufficient time allocated to the role of SE supervisor to ensure that she is able to carry out the five roles and responsibilities discussed in this report.

At present, the agency executive leadership report being supportive of the SE model despite their stated belief that it may have some real-world constraints. The leadership support for EBPs is evident through their dedication of resources to maintain an EBP Coordinator, who in the case of SE provides support around the fidelity review process, quality improvement, and staff development. In the near future it appears that leadership at CP are interested in engaging in further discussions with the reviewers regarding development of a training plan and future action steps for improving the implementation of SE.”

RECOMMENDATION II-B:

It is recommended that program monitoring information be shared with the BOD.

CMHP RESPONSE II-B:

REQUIREMENT: He-M 403.06 (k) A CMHP shall provide services that are responsive to the particular needs of members of minority communities within the region.

OBSERVATION II-C:

The BOD and management team report minimal needs and services to minorities in the area.

RECOMMENDATION II-C:

It is recommended that Community Partners of Strafford County continue to explore ways to serve ethnic, cultural, sexual, and other minority populations in the region.

CMHP RESPONSE II-C:

REQUIREMENT: He-M 403.06 (d) (9) Services provided to children shall include Sexual Offender Assessments and Treatment.

OBSERVATION II-E:

Community Partners of Strafford County does not provide these services.

RECOMMENDATION II-E:

Develop policies regarding the provision of or the referral to child and adolescent sexual offender assessment and treatment.

CMHP RESPONSE II-E:

SECTION III: HUMAN RESOURCES

The CMHP is responsible for determining the qualifications and competencies for staff based upon its mission, populations served, and the treatment and services provided. An organization's personnel policies define what the agency can expect from its employees, and the employees can expect from the agency.

The BOD is responsible to review and approve the CMHP's written personnel policies. The policies should be reviewed on a regular basis to incorporate new legal requirements and organizational needs. Every employee should review a copy of the policies.

The BBH team reviewed a sample of Community Partners of Strafford County personnel records to assure compliance with Administrative Rule He-M 403.05 (g) through (i) and He-M 403.07 (a) through (e) including current licensure resumes, training documentation and background checks.

In addition, an anonymous survey was distributed to Community Partners of Strafford County staff at the time of the review. A total of 148 surveys were distributed and 98 were returned for a response rate of 66%. The focus of the survey were questions regarding training, recovery orientation of the agency, consumer focus, agency responsiveness to consumer, impact of funding restrictions, and supervision. Included below is a summary of responses in both narrative and aggregate form.

At the time of the review, Community Partners of Strafford County was in substantial compliance with the requirements referenced in this section.

REQUIREMENT: The table below consolidates the findings regarding the requirements in He-M 403.07 (b) through (e) pertaining to documentation found in personnel files.

OBSERVATIONS III-A:

COMMUNITY PARTNERS OF STRAFFORD COUNTY HUMAN RESOURCES TABLE												
He-M	Requirement	Personnel Files										% Compliance
		1	2	3	4	5	6	7	8	9	10	
He-M 403.07 (b)	Criminal background checks	N/A	Y	N	Y	Y	Y	Y	Y	Y	Y	88%
He-M 403.07 (b)	OIG sanctioned provider check	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y	100%
He-M 403.07 (b)	DMV check	N/A	N/A	Y	Y	Y	Y	Y	Y	Y	Y	100%
He-M 403.07 (c)	Annual performance review	N	N	Y	Y	Y	Y	Y	Y	Y	Y	80%
He-M 403.07 (d)	Staff development plans	N	N	Y	Y	Y	Y	Y	Y	Y	Y	80%
He-M 403.07 (e)	Orientation training	N/A	N/A	Y	Y	Y	Y	Y	Y	Y	Y	100%
He-M 403.07 (e) (1)	Does Orientation include the Local and State MH System including Peer and Family Support	N/A	N/A	Y	Y	Y	Y	Y	Y	Y	Y	100%
He-M 403.07 (e) (2)	Does Orientation include an overview of mental illness and current MH practices	N/A	N/A	Y	Y	Y	Y	Y	Y	Y	Y	100%
He-M 403.07 (e) (3)	Does Orientation include Applicable He-M Administrative Rules	N/A	N/A	Y	Y	Y	Y	Y	Y	Y	Y	100%
He-M 403.07 (e) (4)	Does Orientation include accessing the local generic service delivery system	N/A	N/A	Y	Y	Y	Y	Y	Y	Y	Y	100%
He-M 403.07 (e) (5)	Does Orientation include Client Rights training	N/A	N/A	Y	Y	Y	Y	Y	Y	Y	Y	100%

Please Note: That "N/As" in the table above are due to staff hired before the current requirement became effective or for staff who do not transport consumers".

RECOMMENDATION III-A:

Behavioral Health & Developmental Services of Strafford County, Inc.
DBA Community Partners of Strafford County

Reapproval Report July 31, 2012

Personnel files should be monitored for completeness as required in 403.07 (b) through (e).

CMHP RESPONSE III-B:

REQUIREMENT: He-M 403.05 (h) (3) The Senior Executive Officer shall be evaluated annually by the CMHP Board of Directors/Advisory Board to ensure that services are provided in accordance with the performance expectations approved by the board, based on the Department's rules and contract provisions.

OBSERVATION III-B:

A current performance evaluation for the CEO was not on file at the agency.

RECOMMENDATION III-B:

A copy of the current annual evaluation for all staff including the CEO must be completed and kept in the personnel file.

CMHP RESPONSE III-B:

REQUIREMENT: He-M 403.05 (j) Each program shall employ a Children's Services Coordinator who shall work with the Bureau in service system planning for children and adolescents and all inpatient admissions and discharges, including the Anna Philbrook Center (NHH).

OBSERVATION III-C:

The job description for the Child, Adolescent and Family Services Director does not include specific responsibilities regarding all inpatient admissions and discharges for children, including at NHH.

RECOMMENDATION III-C:

It is recommended that the job description for the Child, Adolescent and Family Services Director be revised to include responsibilities regarding all inpatient admissions and discharges, including NHH. If these responsibilities reside with a separate "NHH Children's Liaison" position, referencing that position and responsibilities in this job description is sufficient.

CMHP RESPONSE III-C:

**COMMUNITY PARTNERS OF STRAFFORD COUNTY
STAFF SURVEY RESULTS 2012**

As part of the Reapproval process, BBH requested that a CMHP staff survey be distributed. The surveys are completed, returned in a sealed envelope and the results compiled for inclusion in this report. The results of the survey are outlined below for consideration by Community Partners of Strafford County.

1. Does your agency provide job-related training?

<u>Yes</u>	<u>No</u>	<u>No Answer</u>
82/98	4/98	12/98
84%	4%	12%

a. How would you rate your agency's staff training effects?

<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>No Answer</u>
8/98	43/98	42/98	5/98
8%	44%	43%	5%

b. How responsive is your agency to your training requests? (Give examples)

<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>No Answer</u>
7/98	38/98	38/98	16/98
7%	39%	39%	16%

1. a. How would you rate your agency's staff training effects?

1. Disorganized.
2. E-learning. There isn't a regular monthly training schedule promulgated in a conspicuous place. I would appreciate monthly agency supported trainings. We do have 1x/month meetings that are/have general agency trainings, e.g. IMR or service planning training, but none specific to professional enrichment/training. I need to search elsewhere outside of the agency on my own for professional development. They are usually responsive, but also due to need for client services are limited with who and how many can attend training. I would appreciate trainings related to mental health concerns, e.g. working with clients with PTSD or other; dealing with suicidal clients.
3. Good, in the first year of employment.

1. b. How responsive is your agency to your training requests? (Give examples)

1. Have requested additional training around effectively intervening with borderline personality disorder clients. Have requested additional training regarding safety measures.
2. Upon hire, trainings are left out or trainings are non-applicable to some departments.
3. We are sent emails w/training opportunities to which we reply with interest. If only a few can attend, those few usually review the training with all staff.
4. Have not had training(s) requests at this time.
5. My training is mostly hands-on, spur of the moment. Never been turned down.

6. Due to funding it is not always possible to attend trainings.
7. Managers ask for suggestions, but they don't happen.
8. I have had one training a year paid. There is access to on-line training free through Essential Learning. Financial limitations have led to the agency being able to pay for fewer trainings.
9. Paid for training days. Reimbursement compensation for CEUs and training.
10. The agency has never been able to send me to a training that I have asked to go to.
11. I suggested a training topic and it was set up for the following department meeting.
12. The agency has been able to bring in other providers to coordinate with, but has not responded to requests for clinical training.
13. One on one computer training. Helpdesk.
14. The agency is fairly giving of a day to attend outside training, but does not generally pay for the training.
15. They have trained us well on computers – love Millie Nileu!
16. At monthly CSP meetings, trainings are provided on a number of priority areas (identified on staff survey).
17. They attempt to find presenters to address our training requests. However, I have found them not very supportive of attending free trainings in the community.
18. I have not made any recent requests.
19. I wanted to be trained in DBT, but have not had an opportunity to be trained on this.
20. Requested info is usually addressed at monthly CSP – at staff meetings at times the entire 2 hours is devoted to specific topics.
21. CSP does monthly trainings in order for all staff to be on the same page with practicing.
22. Non-eligible caps. Limited funding for summer programs. Lack of transportation funding for certain populations.
23. Monthly meetings with trainings often chosen by employees.
24. Regulatory trainings often take precedent, however, the clinical trainings offered through our department meetings and available through outside resources have been invaluable.
25. Anytime I have requested training it has been made available to me. In addition, training opportunities are advertised and encouraged by supervisors.
26. No training budget. Can only attend free trainings. Signed up for a training, only to be told I couldn't go because two other people were going.
27. Our agency does a nice job providing in-service trainings around various topics for staff. However, cuts to the budget have limited funding for outside training opportunities, which is very limiting.
28. One of the beginners WRAP trainings didn't actually train us. While it was nice to meet a consumer who utilized WRAP, I never learned how to use it with clients.

2. Does your agency provide training in recovery philosophy?

<u>Yes</u>	<u>No</u>	<u>No Answer</u>
53/98	15/98	30/98
54%	15%	31%

1. Not to nursing.
2. Don't know.
3. Agency provides training in IMR and WRAP. The agency apprises staff of state supported IMR trainings.

3. In helping people with mental illness establish a recovery oriented treatment plan, do you find your agency supportive? (Give examples)

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
59/98	17/98	1/98	21/98
60%	17%	1%	21%

1. Not applicable to the nursing department.
2. IMR, WRAP, individualized.
3. Most of the clients this department works with are so severely ill that they will never be able to function independently in society.
4. In addition to trainings, there is access to recovery treatment workbooks: DBT, WRAP, workbooks by Mary Ellen Copeland.
5. Yes, because the agency takes a management approach down to how even treatment plans are written in a more positive light rather than an illness based perspective, with clients involved.
6. The clinicians bend over backwards for some clients, a lot of whom don't appreciate it.
7. One client's IMR goal was to increase independence including learning to ride public bus transport. Agency provided staff and client with bus passes.
8. Strength based approach with multiple services.
9. The community support program manager is very professional and knowledgeable in this area and provides ongoing training.
10. Is talked about often in our weekly staff meeting.
11. Treatment plans are outcome oriented and reviewed by clinical manager and psychiatrist.
12. Treatment plans are based on reducing symptoms and working towards recovery.
13. Large push to meet productivity, not a lot of focus on how to assist families to "recover" or not need services any more. Not enough time to focus on individual sessions.
14. Clients are significant contributors to service plans – staff assist in identifying recovery goals and objectives. When possible, families are involved.
15. In regards to home-based agencies and case management assistance in providing support to clients and their families.
16. Treatment planning is focused on goals leading toward recovery. Recovery leading to discharge and independence is the focus.
17. Our agency often incorporates IMR, WRAP, DBT, etc. into individual's treatment.
18. The agency has a very comprehensive plan to help people with mental illness.
19. Service plans are goal oriented and positive. Forward thinking is around successful management of the illness.
20. IMR is frequently used to assist adults with SPMI. Service plans are written collaboratively with clients and focus on client strengths, resiliency and recovery based objectives (positive outcomes).
21. Although the state mandates paperwork to prove "medical necessity" which is the opposite of recovery oriented treatment.

4. Do you find services are truly based on consumer needs and interests?

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
62/98	22/98	2/98	12/98
63%	22%	2%	12%

1. No DBT groups are available to Rochester clients. No art groups are available.
2. I believe the agency is often pre-occupied with billing and productivity rather than the welfare of the client.
3. Usually based on financial resources.

5. When you represent consumer requests/needs to your agency staff, are they responsive? (Give examples)

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
50/98	29/98	2/98	17/98
51%	30%	2%	17%

1. Not enough doctor/psyche visits, not enough transportation, not enough groups.
2. Not all clients who request FSS receive it. Not all clients who request therapy receive it. My supervisor forgets/misplaces info regarding clients who have requested things.
3. If a client on our team needs an item or an adjustment of services, everyone works with teamwork to do it.
4. We offer family, individual and couples treatment. Collaboration with providers in other departments who see other family members is helpful and encouraged.
5. We have regular team meetings to discuss clinical/other needs and attend to them in a professional manner as it benefits the client and when/if it may not be clinically appropriate, or a difference of opinion exists, the judgment/reasoning is articulated.
6. They will come out and meet with the client or call them back.
7. Usually based on financial resources.
8. Many consumers would like more services, but due to funding we cannot provide them.
9. When I can, for certain services, I usually get them.
10. The agency can take months to respond to a request from a consumer or staff person.
11. Have given us gift cards, etc. to help provide extras to clients.
12. Agency tries to be responsive, but increased demands and shrinking resources are the reality.
13. Sometimes it takes several requests or worsening symptoms, but eventually they respond in some way.
14. Co-workers are responsive to helping one another, agency managers may have trouble with this, but this seems more of an economic struggle and systems issue than an agency specific problem.
15. Staff is always responsive but can't always solve the issue or provide what is requested due to financial limitations.
16. In developing groups for training skills – when providing additional services to families in need.
17. Weekly meetings to assess consumer need and seek ways to meet those needs.
18. Requests are always brought back to the team so that all of the staff working with a particular consumer can be aware and better serve that consumer.
19. Many efforts are made to accommodate consumer needs (e.g. transportation), but due to cuts to funding, it is sometimes difficult to provide these needs.
20. I don't have specific examples, however, often my manager supports my requests for clients, but the higher management doesn't.

6. Do you find an individual's services restricted by lack of funds? (Give examples)

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
40/98	29/98	9/98	20/98
41%	30%	9%	20%

1. Staff are barely trained; not enough groups run, CM staff have 70+ clients, FSS have 50+ clients. Clients are being underserved!
2. Primarily Medicaid spend downs.
3. I believe it's more from clients who have abused the system (repeat offenders) – we need to be more firm.
4. We are a community-based service and don't have the resources to be community based!
5. CSP needs more therapists.
6. Some of our clients can't receive the services they need, or the amount of services, due to restrictions.
7. With the severely mentally ill, the cap of 2.5 hours of services per day restricts us from providing necessary services. This is a problem especially when a client needs support for an appointment.
8. Access to medical providers is limited by funding. It is the primary obstacle to full treatment.
9. Clients are offered services when needed and those who are eligible for services are given/provided the services needed. However, the limits state funding imposes can be challenging at times, but clients do receive services regardless.
10. Clients not eligible – not enough clinicians.
11. Clients are not given access to programs that best meet needs because of no openings.
12. Spend down issues cause problems.
13. Spend downs. Redetermination cutoffs. Uninsured. Unreimbursed services due to Medicare and private insurance not allowing services.
14. Difficulty providing groups and psycho educational trainings to families. Poor crisis system.
15. Based on their insurance coverage.
16. Could hire more staff for the consumers.
17. Eligible clients' tendency to receive multiple services sometimes regardless of funding or payment.
18. Many families struggle with transportation and we are not able to provide it.
19. Clients who do not have Medicaid, but are interested in IMR groups cannot afford to privately pay – but exhibit a desire to learn about recovery strategies.
20. More money equals better quality/clients. Needs would be met.
21. Waiting lists can be long.
22. Long waiting lists for FSS – unable to have additional staff.
23. Have missed the bus/van rides we used to be able to do. Reduced recreation services to our clients, as need rises – more ADL services as they are in apartments – not group homes.
24. See number 5. Also, if client does not have Medicaid (or if s/he has a large spend down) it can drastically restrict services.
25. Case management is restricted to Medicaid clients.
26. Large demand to meet with many clients – keeps caseload high.
27. Absolutely.
28. For community support, we are not provided the resources to be able to work in the community due to funding (i.e. laptops for out in the community). This makes it difficult to complete all of our required responsibilities while also working in the community.
29. Absolutely. Clients cannot work on their goals effectively due to lack of funds in their home or out in the community.

30. Too few staff to meet need. Community need is wide and services are limited.
31. We make determinations regarding a client's need for services based on their payer source first, and their clinical need second.
32. I think our agency does a great job with the resources available. In my job I have not encountered this problem but I know others may feel this way.
33. For clients who came into our agency without a payer source, they are able to set up payment plan/sliding scale fee, however for case management this is difficult due to high cost.
34. Private insurance does not cover additional services regardless of need.
35. Adults with intensive needs cannot get enough functional support as needed due to caps. All providers are required to do more unbillable work with clients and have high caseloads due to cuts in reimbursement rates.
36. Clients need more time than allowed.
37. I find my clients are stuck in poverty due to spend downs, which leave them in debt without agency _____. Despite needing the services they often decline due to money.

7. Are your agency's managers accessible to you?

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
73/98	17/98	2/98	6/98
74%	17%	2%	6%

a. Are your supervisors accessible to you?

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
80/98	11/98	2/98	5/98
82%	11%	2%	5%

b. Do you find managers/supervisors helpful when you have questions, problems, or ideas that you wish to discuss?

<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>No Answer</u>
64/98	23/98	6/98	5/98
65%	23%	6%	5%

7. a. Are your supervisors accessible to you?

7. b. Do you find managers/supervisors helpful when you have questions, problems, or ideas that you wish to discuss?

1. The manager I used to have could not answer questions and was often confused. The manager I have now is awesome.
2. My manager also does therapy with clients, which can be a conflict of interest. Also, it takes away from her job as a manager and her responsibilities. Also, I do not believe my manager has the training to be an effective leader/manager of the CSP team. There needs to be more training on how to be a supervisor instead of putting someone in the position who you feel will do a good job or has the clinical skills. Also, we are a community support program that does not have the tools to be community based. We share one laptop for the whole team. I understand the budget issues, however this is an impossible job and without the resources needed to be effective as possible, expectations can be unreasonable for a community-based staff.

3. Due to constant changes in State regulations, sometimes it can be frustrating.
4. My supervisor is often unresponsive to emails and neglects to inform me of changes, as I am per diem and often forgotten about.
5. I have a positive and supportive relationship with my manager and have found her knowledgeable, accessible and a great manager. Other managers have always been helpful if I needed to consult and collaborate with them.
6. Depends on the person/situation, but overall it is often.
7. The agency does not provide enough supervision or answers to questions.
8. Often, clinical problems are difficult, as it seems not helpful. Administrative questions are usually answered.
9. Support is given, but often I leave supervision unclear on what to do – not given ideas or strategies that are new or different to my own/peers.
10. When a manager also has clients of their own it limits their availability to their staff or any crises/emergencies. Often times I've needed to go to other staff or managers for this reason. I also tend to wait until weekly supervision to discuss issues that aren't emergencies due to lack of availability.
11. Outstanding supervisors/managers.

ADDITIONAL COMMENTS:

1. Whoever designed this survey is a clinical idiot. It totally ignores important problems/issues.
2. This is a fairly nebulous survey. Not sure it collects any quantifiable data. Is this really a viable part of an accreditation process?
3. Overall the agency does a good job promoting the recovery process, however, the nurses are less directly involved with promoting recovery. We try to help the clients understand the importance of taking their meds to help the recovery process.
4. High caseloads and low pay make for increasingly stressful work environments. Poor support from higher ups, impossible expectations – failing to meet clients' needs.
5. I work in the business office and most of this survey doesn't involve me.
6. The difficulties with trainings and the services provided are more about funding issues rather than management issues. I feel that my supervisors are always available and are interested in my ideas and concerns. However, they are limited by funding/budget cuts.
7. I have worked in community mental health agencies for the last 8-10 and overall I have noticed staff try to be as supportive as they can. They are the hardest working bunch of people I have come across in all my 25 years of working. I have never seen a more dedicated bunch of people who work so hard for so little in return, with a population of people who are already marginalized and struggling daily. I think that what would/could/might happen to our community without the support of social service agencies would be a huge step back in time. It would be an amazing thing for the community at large to be more aware of mental illness. It would also be wonderful for those who work so hard in support of others also to be recognized and compensated more equitably with regular combined performance and tenure raises. In all my time here I have only received one as a _____ ? _____, but I do what I do because it is needed. Community Partners staff and agency is needed as I hear from my clients of how vital (FSS, therapy, case management, psychiatry, etc.) these services are in their daily lives.
8. It is getting increasingly difficult to focus on and provides services to clients. Doing more with less continues to increase stress on a system of care that is already stressed to the max.
9. My job is not related to customer service. Therefore, I have no knowledge on some of these questions.

10. I found the initial staff training given is poor. Most of all the training given is shadowing another worker, which causes a varied idea of what you are supposed to do, based on how well or what the other staff workers are doing. I would have found a training course or program for the first week++ of my job helpful and more efficient.
11. It would be helpful if more training were offered to old and new employees. Also, funding other programs such as summer activities and economic problems would help to improve things. However, it is clear this is a large request.
12. As stated above, I feel strongly that we are not provided enough resources to complete our jobs effectively. We are required to do more than what is possible to do physically and mentally but may not receive enough respect or acknowledgement by those in higher positions. Our jobs are nearly impossible and we don't receive enough help or resources to complete them effectively, mostly due to funding (among other reasons).
13. Community Partners is an exceptional agency with a focus on supported, well-educated employees, supported respected consumers. Health, growth, and recovery are primary for consumers. Community Partners is limited by the resources available to it.
14. I think the agency has to fight a very difficult battle between seeing our clients as a priority and survival through billing and regulatory requirements. Often, serving our clients is not the priority.
15. I am proud to work for Community Partners. I believe they do good work, they are understanding, and they strive to better their staff.
16. The budget cuts to behavioral health over the past several years have created a good deal of stress and increased work at the mental health center. Staff often needs to do more with less, and despite a growing population requiring behavioral health support, we often cannot keep up with demand. It would be helpful to have more funding to better meet the needs of our consumers in terms of staff training as well as specific consumer requests/needs. With that said, I believe Community Partners has done an outstanding job.
17. Our manager works often as a direct care manager and I am unsure if she is recognized for it.
18. I truly believe in the mission of this agency, however the management is off-balance. I would love to see someone from QI or other management position be a case manager or FSS specialist for even a week to understand what an impossible job this is. Please stop changing paperwork procedures every few months – THAT is the reason paperwork gets behind and we may need to payback the state.

SECTION IV: POLICY

Policies and procedures ensure that fundamental organizational processes are performed in a consistent way that meets the organization's needs. Policies and procedures can be a control activity used to manage risk and serve as a baseline for compliance and continuous quality improvement. Adherence to policies and procedures can create an effective internal control system as well as help demonstrate compliance with external regulations and standards.

The Community Partners of Strafford County BOD is ultimately responsible for establishing the policies for the governance and administration of the CMHP. Policies are developed to ensure the efficient and effective operation of the CMHP. The BOD, through a variety of methods, is responsible for demonstrating adherence to the requirements of state and federal funding sources.

At the time of the review, Community Partners of Strafford County was in substantial compliance with all the requirements referenced above.

REQUIREMENTS:

He-M 403.05 (e) A CMHP Board of Directors shall establish policies for the governance and administration of the CMHP and all services through contracts with the CMHP. Policies shall be developed to ensure efficient and effective operation of the CMHP-administered service delivery system and adherence to requirements of federal funding sources and rules and contracts established by the department.

OBSERVATION IV-A:

The procedure for the review and approval of agency policies is unclear. Though procedures for the approval of policies are apparent, there is a no specific policy regarding "Policy Development" including designating the responsibility for approval of all policies.

The Business Office Policy & Procedure Manual states that financial policies shall be approved by the Finance Committee at least every two (2) years. There was no indication of approval of the financial policies.

RECOMMENDATION IV-A:

It is recommended that a policy be adopted regarding the development and approval process for all agency policies. This should include whom the BOD has designated as responsible for approval of agency policies.

It is required that the Finance Committee approve all financial policies as described in agency policy.

It is recommended that all policies be reviewed, approved and dated and the policy manual updated.

CMHP RESPONSE IV-A:

REQUIREMENT: He-M 403.07 (a) (1) and (b) A CMHP shall establish and implement written staff development policies applicable to all administrative, management, and direct service staff which shall specifically address the following: Job descriptions; and a review of the Office of Inspector General's List of Excluded Individuals/Entities for each newly hired and re-hired staff member

OBSERVATION IV-B:

There are no policies for what is included in a job description and the review of the Office of Inspector General's List of Excluded Individuals/Entities for each newly hired and re-hired staff member that has been approved by the Board of Directors or their designee?

RECOMMENDATION IV-B:

Develop or amend policies to include the required elements in a job description and the review of the Office of Inspector General's List of Excluded Individuals/Entities for each newly hired and re-hired staff members. All policies must be reviewed and approved by the Board of Directors or their designee.

CMHP RESPONSE IV-B:

REQUIREMENT: He-M 403.07 (a) (6) A CMHP shall establish and implement written staff development policies applicable to all administrative, management, and direct service staff which shall specifically address the following: (6) Individual staff development plans.

OBSERVATION IV-C:

Though there are general references in policies to ongoing staff development activities, there are no specific staff development plan policies.

RECOMMENDATIONS IV-C:

Develop staff development policies, including but not limited to, the required elements of an annual staff development plan.

CMHP RESPONSE IV-C:

He-M 403.07 (b) A CMHP shall conduct criminal background checks and a review of the Office of Inspector General's List of Excluded Individuals/Entities for each newly hired and re-hired staff member. In addition, motor vehicle record checks shall be conducted for staff that will be transporting consumers pursuant to employment.

OBSERVATIONS IV-D:

Though there is a comprehensive array of policies, it is recommended that policies continue to be developed, reviewed, signed and dated by the BOD (or designee) as needed.

RECOMMENDATIONS IV-D:

At a minimum, the policy manual must address the policy requirements outlined in He-M 403 cited above including:

- He-M 403. 07 (b) criminal background, OIG excluded provider checks and motor vehicle record checks and;
- He-M 403. 07 (d) individual staff development plans.

CMHP RESPONSE IV-D:

GENERAL OBSERVATIONS:

OBSERVATION IV-E:

While the agency has adopted numerous policies that have strengthened internal controls, there are some procedures in place with no corresponding written policies. These include the following:

- Seeking written proposals for services, property or major purchases
- The use and accountability of credit cards including the supervising of any Executive Director's expense by the Board

RECOMMENDATION IV-E:

The agency should consider developing and amending formal written policies for these issues.

CMHP RESPONSE IV-E:

OBSERVATION IV-F:

Several policies and program descriptions still refer to Mental Illness Management Services (MIMS) including:

Policy No. Supervision Policy #0013 (page 2)
Policy No. Governing Body/Personnel #00-49 (page 2)
Policy No. The Client Centered Conference #0009

RECOMMENDATION IV-F:

Update and or delete policies that include references to discontinued services such as Mental Illness Management Services.

CMHP RESPONSE IV-F:

SECTION V: FINANCIAL

The purpose of financial oversight and monitoring is to ensure that public funds contracted to the CMHP are managed according to all applicable statutes, rules and regulations. Self-monitoring of a CMHP not only helps ensure the integrity of the single agency, but the statewide mental health system. An insolvent CMHP cannot attain its Mission.

An essential role of a BOD is fiduciary oversight. In order for a CMHP BOD to be able to meet its fiduciary responsibilities to the State and the people it serves several things must occur. The BOD often has a Finance Committee that assists with the development of the yearly budget and reviews monthly financial statements, yearly audits and other information. In addition, the Finance Committee and the CFO shares information with the rest of the BOD. Discussion of these issues should be well documented in the monthly Board minutes.

It is essential for any CMHP to have a comprehensive Financial Manual with policies and procedures that guide the day-to-day operations of the CMHP. Ongoing monitoring for compliance with internal control policies and bylaws is essential. In addition, there should be ongoing internal monitoring of financial and billing systems in order for an agency to remain solvent. Documentation of these internal controls is also essential.

The purpose of financial oversight and monitoring by the State Mental Health Authority is to review the financial performance of the CMHP. Best practices that serve to enhance the system as a whole through continuous improvement are also identified.

Please note that the format of this section differs from the remainder of the report. This is due in part to He-M 403 not including most financial areas addressed during the reapproval review. Some of the areas below are addressed in BBH contract and others are general comments and best business practices.

At the time of the review, Community Partners of Strafford County was in compliance with all the requirements referenced above.

OBSERVATION V-A:

In FY11, Community Partners of Strafford County' (BBH) Gross Receivables went down by 13.14%. However, the balance over ninety (90) days increased by 105.5%, balances from sixty-one to ninety (61-90) days increased by 81.18% and balances thirty-one to sixty (31-60) days increased by 25.8%.

RECOMMENDATIONS V-A:

Community Partners of Strafford County is encouraged to monitor any growth in Accounts Receivable older than 31 days.

Any receivables that are deemed uncollectible should be written off.

CMHP RESPONSE V-A:

OBSERVATION V-B:

According to the Financial Summary report for January 2012 given to the BOD, the agency has an overall GAAP deficit of \$256,308. The deficit has been increasing very month according to the Summary of Month-end Balances Report given to the BOD.

RECOMMENDATION V-B:

It is recommended that Community Partners of Strafford County examine all cost centers to determine if additional efficiencies can be made to decrease the overall deficit of the agency.

CMHP RESPONSE V-B:

SECTION VI: QUALITY IMPROVEMENT AND COMPLIANCE

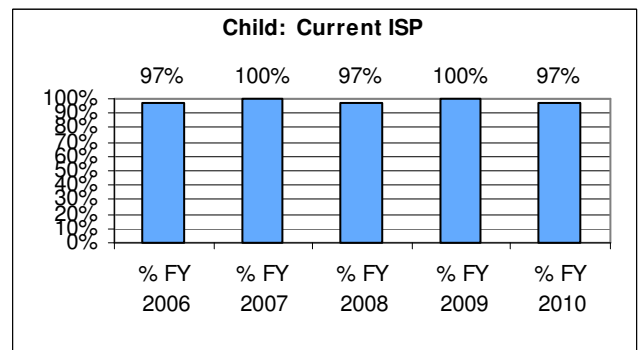
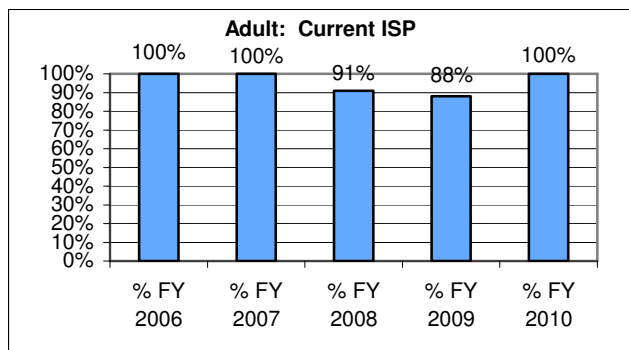
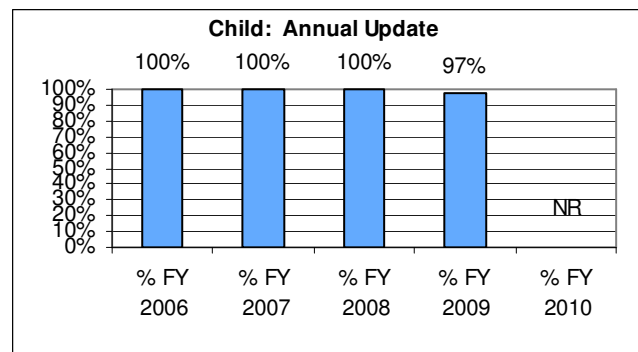
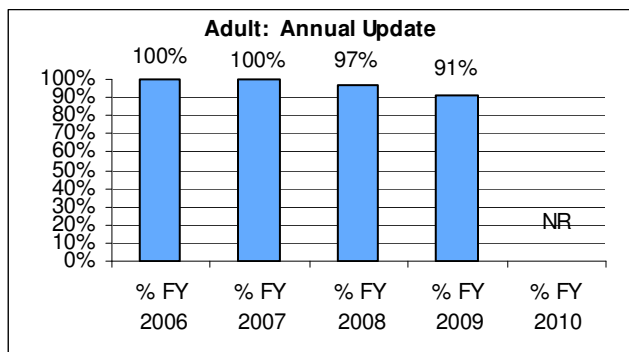
Quality improvement and compliance activities are expected to be conducted on both the state and local level. The BBH conducts annual quality improvement and compliance reviews and CMHP reapproval reviews on a five (5) year cycle. Other reviews occur as needed and requested.

He-M 403.06 (i) and (j) outlines the minimum requirements for CMHP quality assurance activities. These include a written Quality Assurance Plan that includes outcome indicators and incorporates input from consumers and family members. The annual plan is submitted to BBH. Other activities include utilization review peer review; evaluation of clinical services and consumer satisfaction surveys. Please see the findings below regard internal CMHP quality improvement and compliance activities.

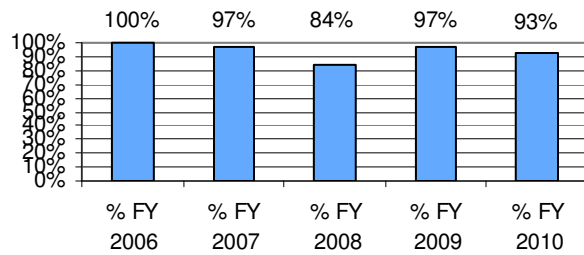
At the time of the review, Community Partners of Strafford County was in substantial compliance with all the requirements referenced above.

OBSERVATION VI-A:

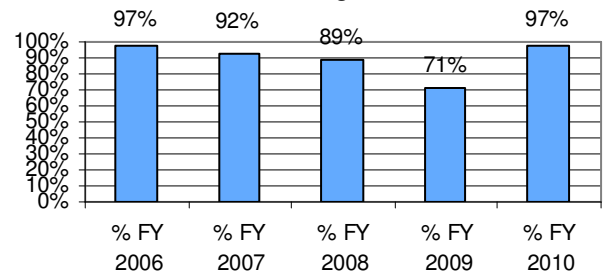
Five (5) year trend data from the annual BBH quality improvement and compliance reviews has been included as an overview of the Community Partners of Strafford County level of compliance with clinical record standards. The charts below reflect some of the clinical record requirements and Community Partners of Strafford County compliance levels. “N/R” noted in the charts below indicate that this requirement was not reviewed in a given year. In recent years BBH has requested corrective action plans for any area with a compliance rating of 75% or less. These corrective action plans are received as part of that annual process.



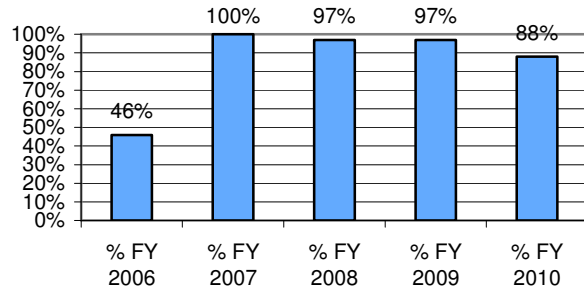
Adult: Consumer Signature on ISP



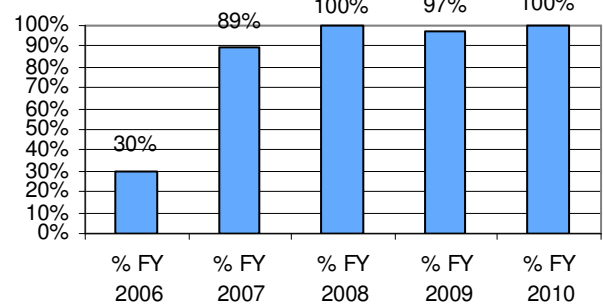
Child: Consumer Signature on ISP



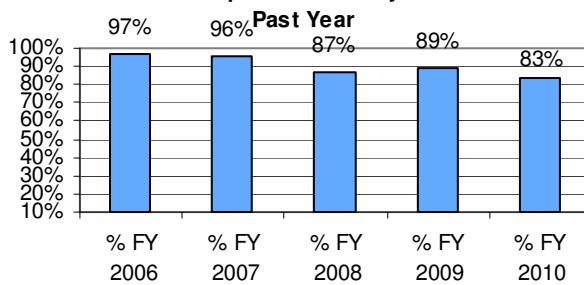
Adult: Consumer Strengths noted on ISP



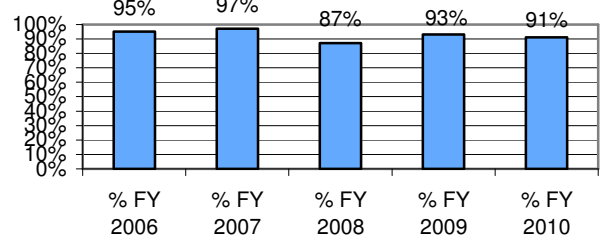
Child: Consumer Strengths noted on ISP



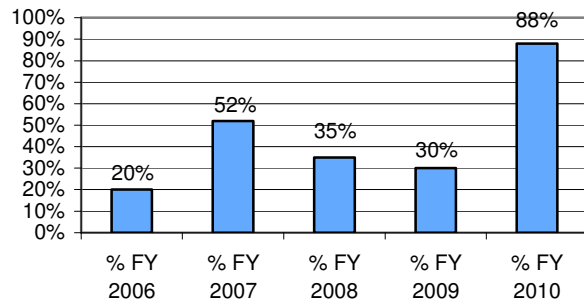
Adult: All Required Quarterly Reviews in Past Year



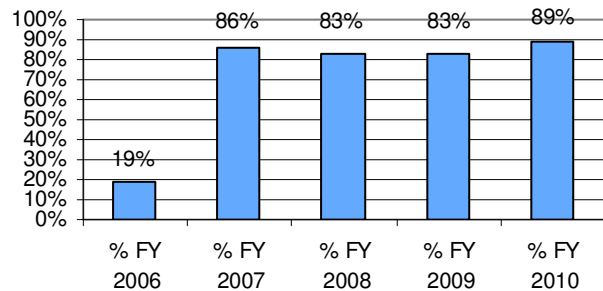
Child: All Required Quarterly Reviews in Past Year

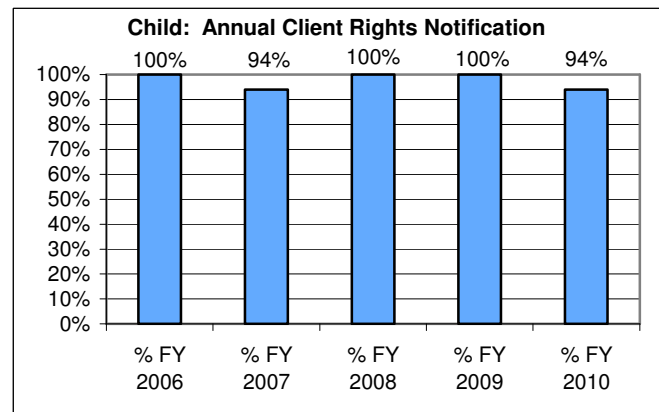
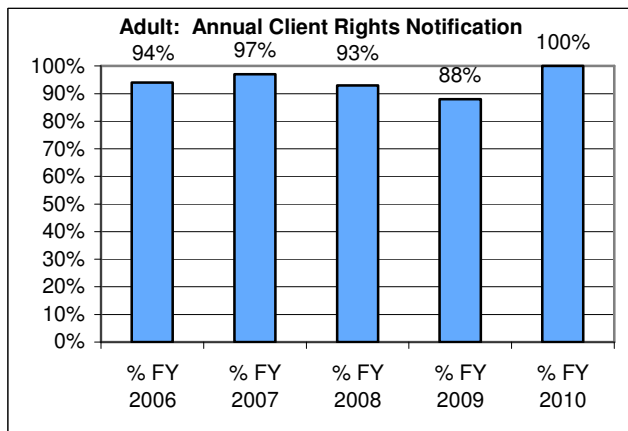
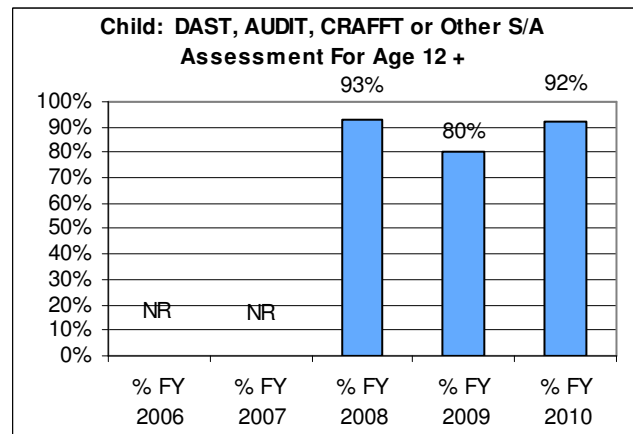
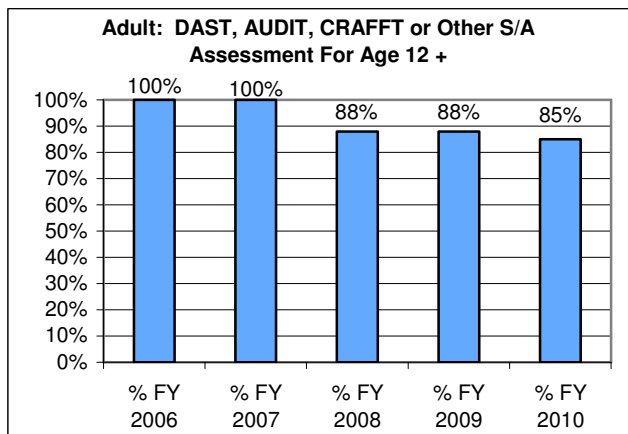
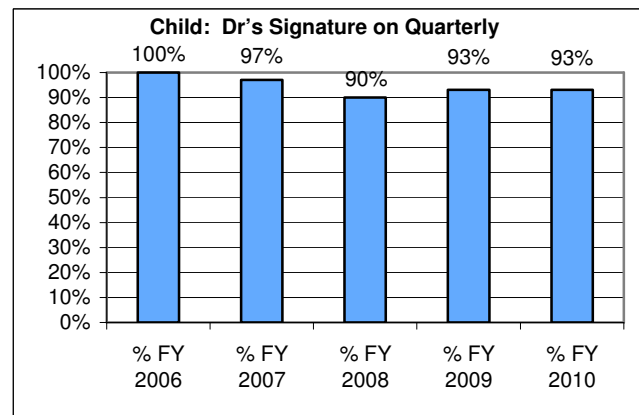
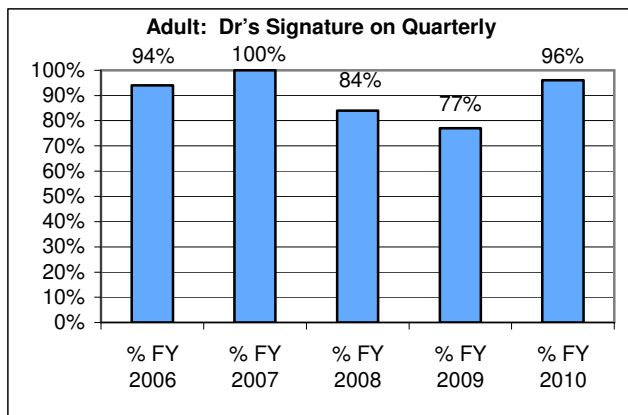


Adult: Quarterlies Reviewed With Consumer



Child: Quarterlies Reviewed With Consumer





RECOMMENDATIONS VI-A:

It is recommended that the BBH QI and Compliance Reports be shared with the BOD and utilized in planning activities.

It is also recommended that Community Partners of Strafford County continue to conduct and document internal quality improvement and compliance activities and share this information with the BOD.

CMHP RESPONSE VI-A:

Behavioral Health & Developmental Services of Strafford County, Inc.
DBA Community Partners of Strafford County

Reapproval Report July 31, 2012

SECTION VII: CONSUMER AND FAMILY SATISFACTION

In the fall of 2007 the NH DHHS, BBH contracted with the Institute on Disability at UNH to conduct the NH Public Mental Health Consumer Survey Project. The project is part of a federally mandated annual survey of the nation's community mental health centers. The IOD and the UNH Survey Center conducted and analyzed findings for a consumer satisfaction survey of youth (ages 14 through 17), adults (ages 18 years and older), and family members of youth (ages 0 through 17) receiving services from NH's ten community mental health centers. Below are statewide summary excerpts from the New Hampshire Public Mental Health Consumer Survey Project –Summary of Findings May 2012. The charts are divided by population including, youth, adults and family members of youth.

Statewide Findings and Community Partners of Strafford County

Figure 26: Youth Domain Scores is a statewide summary data for youth, compiled into seven categories including: General Satisfaction, Access, Participation in Treatment, Cultural Sensitivity, Social Connections, Functioning Outcomes, and Outcomes.

OBSERVATION VII-A:

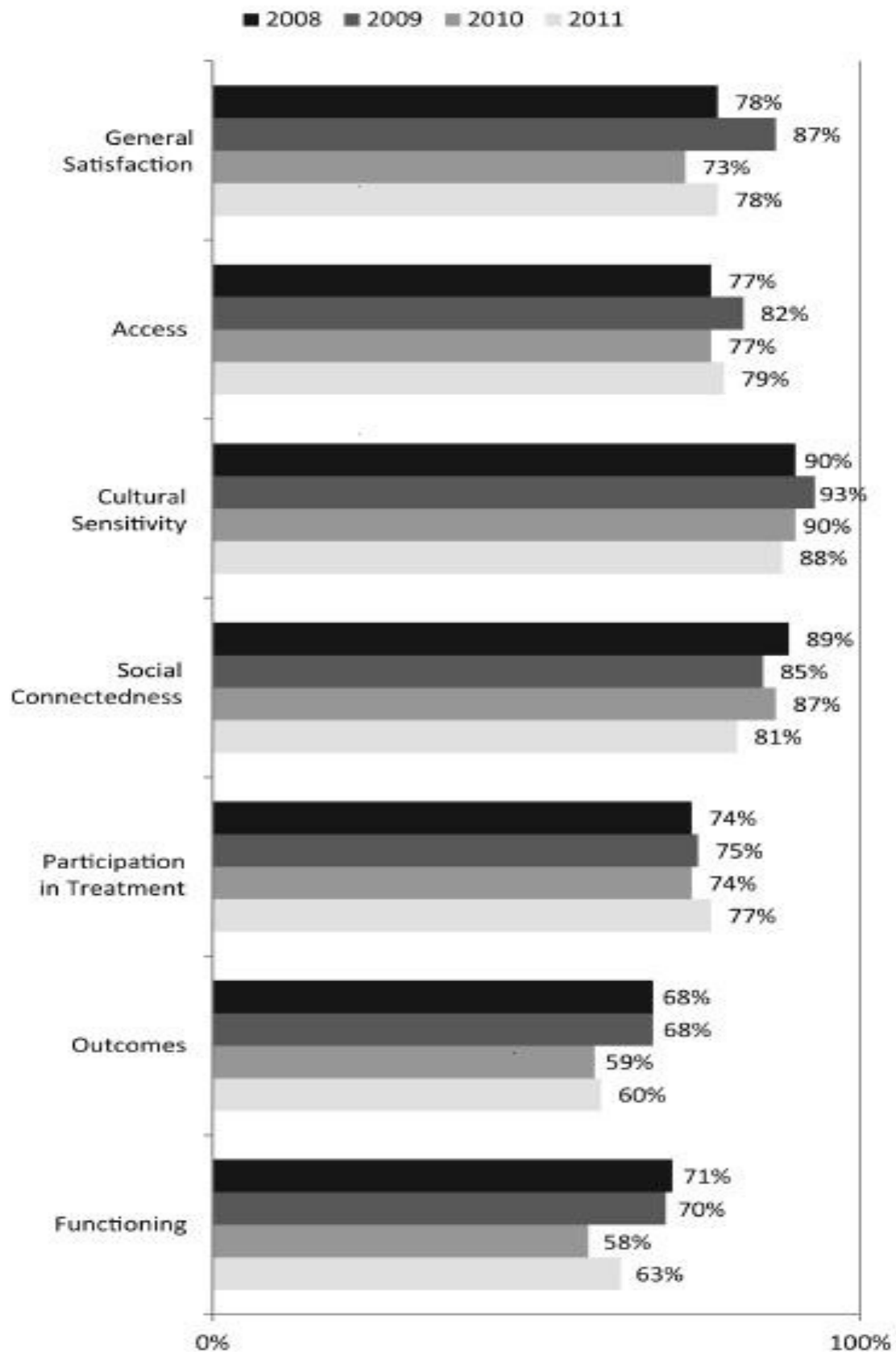
Upon review of all data available to BBH, it is noted that Community Partners of Strafford County percentages ranked below the statewide average in the following Youth Survey domains: Access.

RECOMMENDATIONS VII-A:

It is recommended that the NH Public Mental Health Consumer Survey Project be shared with the BOD and utilized in planning activities.

CMHP RESPONSE VII-A:

Fig. 26: Youth Domain Scores



Statewide Findings and Community Partners of Strafford County

Figure 11: Adult Domain Scores is a statewide summary data for adults, compiled into seven categories including: General Satisfaction, Access, Participation in Treatment, Cultural Sensitivity, Social Connections, Functioning Outcomes, and Outcomes.

OBSERVATION VII-B:

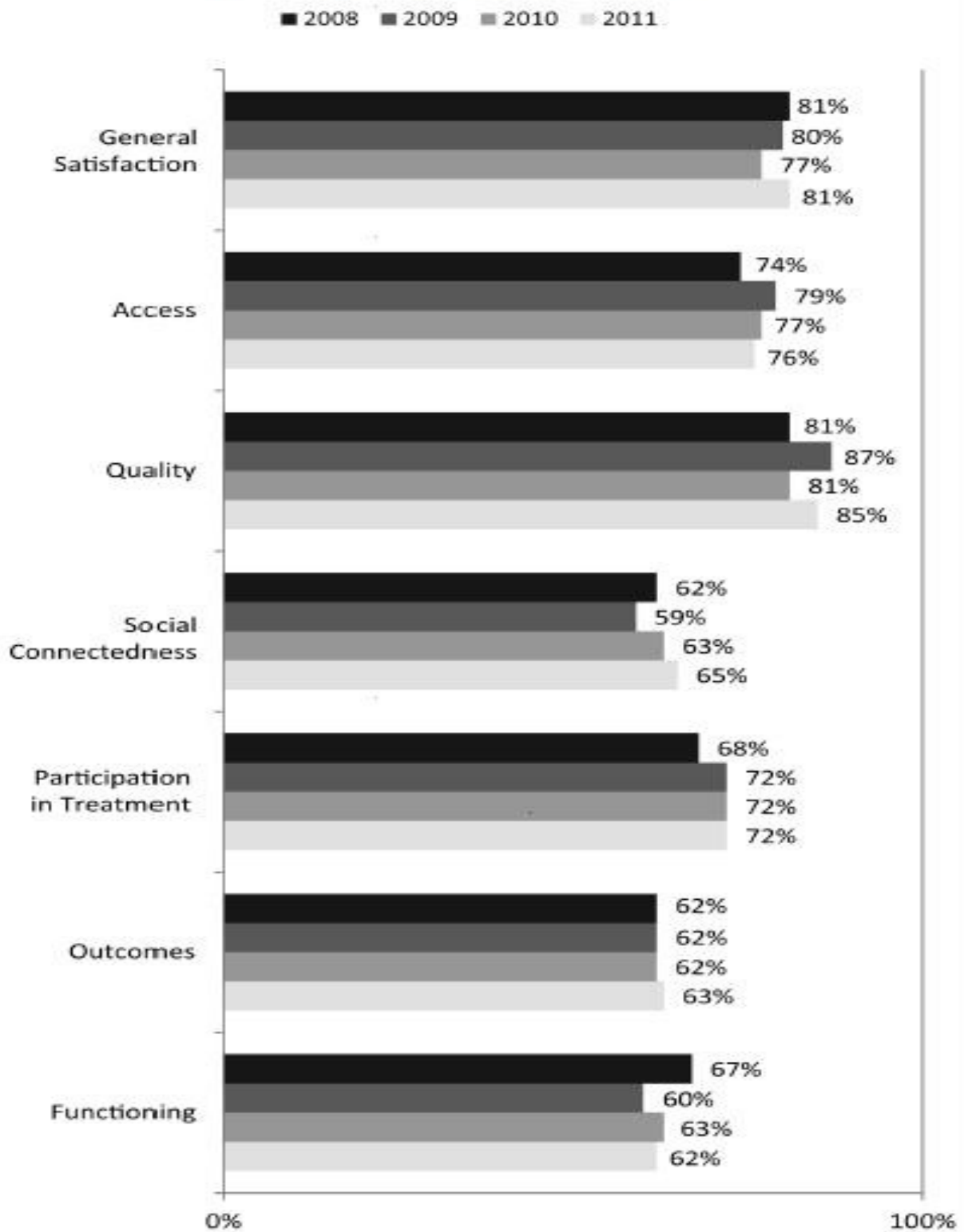
Upon review of all data available to BBH, it is noted that Community Partners of Strafford County percentages ranked below the statewide average in the following Adult Survey Domains: General Satisfaction, Access, Participation in Treatment, Quality, Social and Outcomes.

RECOMMENDATIONS VII-B:

It is recommended that the NH Public Mental Health Consumer Survey Project be shared with the BOD and utilized in planning activities.

CMHP RESPONSE VII-B:

Fig. 11: Adult Domain Scores



Statewide Findings and Community Partners of Strafford County

Figure 19: Family Domain Scores is a statewide summary data for adults, compiled into seven categories including: General Satisfaction, Access, Participation in Treatment, Cultural Sensitivity, Social Connections, Functioning Outcomes and Outcomes.

OBSERVATION VII-B:

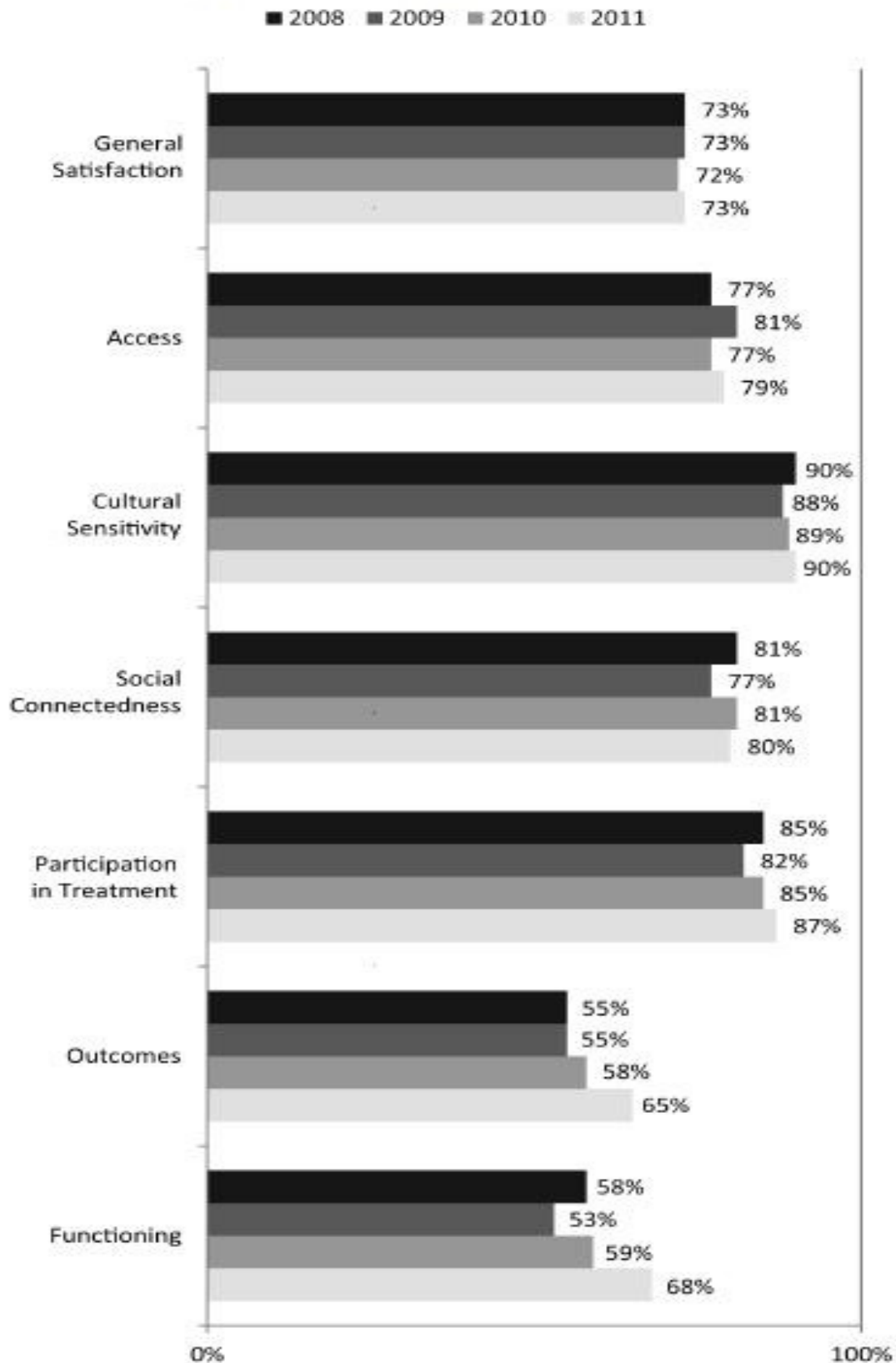
Upon review of all data available to BBH, it is noted that Community Partners of Strafford County percentages ranked below the statewide average in the following Family Survey Domains: General Satisfaction and Functioning.

RECOMMENDATIONS VII-B:

It is recommended that the NH Public Mental Health Consumer Survey Project be shared with the BOD and utilized in planning activities.

CMHP RESPONSE VII-B:

Fig. 19: Family Domain Scores



END OF REPORT